Suffolk County Community College
Early College Program Application Instructions

To apply for the Early College Program, students must be a current sophomore or junior (graduating seniors are not eligible), with a minimum 85% high school average and one NYS Regents grade above 85%, and be currently enrolled in a participating high school.

1. **Early College Program Non-Degree Student Admissions Application: PLEASE PRINT ALL INFORMATION CLEARLY**. Read the top portion and complete in its entirety. The term is the semester you plan to begin classes. The mailing address is where you wish the college to send all correspondence. It may or may not be the same as your permanent address of residence. The cell phone and e-mail are those for the student applicant. The date of birth is indicated day/month/year. The home campus is the campus your high school has a partnership (inquire with HS or ECP counselor). The 'ethnicity/race' questions are for statistical purposes only. The 'background information' questions must all be answered, 'yes' or 'no'. The "Emergency Contact Information"* must be completed. Indicate whether primary and secondary phones are either home, work, or cell. The student and parent/guardian must sign and date the bottom. The student signs and dates the bottom. Parents/guardians please sign and date next to your child's signature.

2. **Early College Program Agreement:** Read carefully and make sure both student applicant **and** parent/guardian sign and date confirming receipt of this document. Retain a copy for your records.

3. **Meningitis Fact Sheet and Early College Program Health History and Meningitis Acknowledgement Form**: Answer the health history yes-no questions in the table. Explain 'yes' answers. List allergies and medications taken by the student applicant in the space provided. Provide a mandatory emergency contact. *This should be the same individual you put on the Non-Degree Student Admissions Application (1). On the lower portion of the form, if you check off the top statement, then attach proof of meningitis immunization. Otherwise, check off the lower statement. Informational meningitis sheet for student review. Both parent/guardian and student must sign and date bottom of form.

4. **Early College Program Student Approval Form:** High school principal **and** guidance counselor must initial **each** approval.

5. **Early College Program Application Checklist/Student Program Procedures and Responsibilities:** Make sure high school transcript and available PSAT/SAT/ACT scores are included in your application, prior to submission. Students must coordinate with their high school to submit completed and signed Early College Program applications by mail, scan/e-mail or fax, directly from the high school to Suffolk's appropriate Early College Program Office no later than the communicated due date. These are the only acceptable methods of submission and due dates are firm.

6. **Attach a one-page typed statement**: "Why I Wish to Enroll in the Early College Program".

Once completed applications are received, they are reviewed and qualifying student applicants are invited to take Suffolk's computerized placement test (CPT) on Suffolk's designated campus. All student testing must be completed prior to the communicated due date. The CPT is a computerized test in reading, English and math (arithmetic and algebra). There are sample questions and answers at, www.accuplacer.org. Students will be taking the following sections of the test:

Sentence Skills	Arithmetic
Reading Comprehension	Algebra

If you have questions on completing the application or about the placement test, including a request for accommodations (submission of appropriate declaration, with specific modifications indicated), kindly e-mail one of Suffolk's ECP counselors, dependent upon which campus your high school is partnering.

Raymond Martinez, Michael J. Grant Campus ECP Counselor
Caumsett Hall #113, Brentwood, NY 11717
martinr@sunysuffolk.edu
631-851-6282

Deborah S. Wolfson, Ammerman Campus ECP Contact
Assistant Dean for Academic Affairs
NFL Building # 127, Selden, New York 11784
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Charles Connolly, Eastern Campus Director of Enrollment Services, ECP Counselor
Peconic Building #216D, Riverhead, NY 11901
connolc@sunysuffolk.edu
631-548-2528

Last Name: _____First Name:_____Middle Initial:_____High School:_____

Suffolk County Community College

Early College Program NON-DEGREE Student Admissions Application

(Complete and Sign)

Congratulations on your recommendation to Suffolk's Early College Program. Please complete the information requested below, sign where indicated, and follow the directions to apply to Suffolk's Early College Program. All non-degree students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements. Please review the New Registration Policy Regarding Prerequisites (https://www.sunysuffolk.edu/Prospects/NonDegree.asp).

Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York Education Law.

Social Security #:_____Date of Birth: _____ **Term:** Fall Spring Summer Year: _____
mm/dd/year Circle One Term

Mailing Address:_____City/State/Zip:_____

Permanent Address: _____**City/State/Zip:**_____
(Address where you reside, if different from mailing address)

County (if other than Suffolk): _____**Home Phone:** ( )_____ **Student's Cell Phone:** ( )_____

Student's E-mail: _____**Gender:**_____ **Home Campus:**_____
F=Female / M=Male Ammerman/Selden, Eastern/Riverhead, Grant/Brentwood

Parent/Guardian's Name: _____**Cell#:** _____ **E-mail:** _____

Area of Interest: **(1)** Liberal Arts / Arts / Business / Early Childhood / Health Information Technology / Law / Other _____
(Circle One) **(2)** Have you ever taken a prior course at Suffolk? Yes or No

Ethnicity/Race (for statistical purposes only):

- Are you Hispanic/Latino? □ Yes □ No
- If Hispanic or Latino, please indicate your ethnicity (select one):

  ☐ Cuban □ Dominican □ Mexican □ Puerto Rican □ South American □ Central American □ Other Hispanic/Latino
- All applicants please indicate your race (select one or more):

  ☐ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

Background Information:

1. Have you been a legal resident of the State of New York for the past twelve (12) months? □ Yes □ No
2. Have you been a resident of the County of Suffolk for the past six (6) months? □ Yes □ No
3. Are you a citizen of the United States? □ Yes □ No

Emergency Contact Information:

Name Last / First:_____Relationship: _____Primary Phone:_____
□ Home; □ Work; □ Cell;□ Other

Address: _____City/State/Zip:_____Secondary Phone:_____
□ Home; □ Work; □ Cell; □Other

Parent/Guardian, HS and ECP Counselor signatures below indicate that the student has permission to attend Suffolk through the Early College Program.

_____ _____
Student Signature **Date** **Parent/Guardian Signature** **Date**

TO BE FILLED OUT BY THE HIGH SCHOOL COUNSELOR: H.S. Unweighted Average _____ Highest Regents Exam Score _____

Counselor's Name _____Contact #: _____Counselor's Signature _____

TO BE FILLED OUT BY SUFFOLK'S ECP ADVISOR: ECP Signature _____ Date _____

CPT TEST SCORES: Reading:_____ Writing: _____ Math: _____ Algebra: _____ Accepted: _____ Not Accepted: _____

For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS) Processed by: _____Campus: _____Date:_____

Last Name: _____First Name:_____Middle Initial:_____High School:_____

Suffolk County Community College

Early College Program Agreement

(Read, Sign and retain a copy for your records.)

The student's participation in Suffolk's Early College Program assumes certain obligations on the part of both the college and the student. The information below describes these obligations. Students should review this information carefully and sign indicating their agreement with and willingness to abide by the conditions set forth. The student's parent's/guardian's signature is also needed.

The College agrees to:

- Assign students to courses appropriate to their ability and interests, and provide qualified faculty to teach such courses.
- Assist students in the scheduling of their courses.
- Monitor student progress and communicate problems and issues to the students, parents/guardians and high school as needed.
- Direct students on how to retrieve their course grades and academic transcripts at the end of the semester.
- Integrate ECP students into the life of the college as much as their schedules allow.
- Provide all the support services of the college as documented/necessary.

The student agrees to:

- Attend all classes and arrive in the classroom before the starting time for classes.
- Do coursework (reading, homework, papers, tests, participation, etc.) at the level expected of a college student.
- Behave in a manner consistent with the college's **Student Code of Conduct (See page 112 of the Student Handbook (**http://www3.sunysuffolk.edu/forms/Handbook.pdf **).**
- Obtain a College ID card prior to or on the first day of class and carry the card on his/her person whenever on campus. (ID card information: https://www.sunysuffolk.edu/About/IDCards.asp).

FERPA release statement:

I agree to the above obligations as a condition of my enrollment and continued participation in the program. It is understood that violations of the above may result in disciplinary action which could include removal from the program. The Family Educational Rights and Privacy Act of 1974 (FERPA) serves to protect the privacy of students' education records. As a condition for enrollment in this program I am authorizing the release of specific educational information so that designated Suffolk County Community College personnel may discuss my performance, behavior and/or academic records on my behalf with my parents/guardians and designated high school personnel.

I have received a copy of this agreement.

_____ _____

Student's Signature Date (mm/dd/year)

_____ _____

Parent/Guardian's Signature Date (mm/dd/year)

Last Name: _____First Name:_____Middle Initial:_____High School:_____

Meningitis Fact Sheet
(For Student Reference– Nothing to Complete)

WHAT IS MENINGOCOCCAL MENINGITIS? Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States.

HOW IS THE GERM MENINGOCOCCUS SPREAD? Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that cause meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

WHAT ARE THE SYMPTOMS? The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

HOW SOON DO THE SYMPTOMS APPEAR? The symptoms may appear two to 10 days after exposure, but usually within five days.

WHAT IS THE TREATMENT FOR MENINGOCOCCAL DISEASE? Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

SHOULD PEOPLE WHO HAVE BEEN IN CONTACT WITH A DIAGNOSED CASE OF MENINGOCOCAL MENINGITIS BE TREATED? Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin, or ceftriaxone) from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS? Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, such as freshmen living in dormitories, there is a modestly increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

HOW EFFECTIVE IS THE VACCINE? The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults.

IS THE VACCINE SAFE? ARE THERE ADVERSE SIDE EFFECTS TO THE VACCINE? The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

WHAT IS THE DURATION OF PROTECTION? The duration of the meningococcal vaccine's efficacy is approximately three to five years.

COST AND AVAILABILITY OF THE VACCINE: If you wish to receive the meningococcal meningitis vaccine (Menomune ™), it is available either through your private health care provider or a private travel clinic. While the cost of a vaccine can be in the range of $80 – $120, you are encouraged to obtain information cost from your health care provider. Note that the vaccine is not available at SCCC.

ADDITIONAL INFORMATION: To learn more about meningitis and the vaccine, contact your physician or campus Health Services Office.

Additional information is also available at the NYS Department of Health (WWW.HEALTH.STATE.NY.US), the Centers for Disease Control and Prevention (WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO), and the American College Health Association (WWW.ACHA.ORG).

Please retain this Meningitis Fact Sheet for your records.

Last Name_____ **First Name**:_____ **High School**:_____

Suffolk County Community College

Early College Program Health History and Meningitis Acknowledgement Form (Complete and Sign)

Name _____ ID/SS# _____

Maiden name (if applicable) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Telephone Number_____ E-mail Address_____ Date of Birth_____

Health History to be completed by student:

Do you have now or have you ever had a history of:

	Y	N
Alcohol/ drug dependency		
Smoking		
Asthma		
Chronic lung disease		
Tuberculosis		
High blood pressure		
Heart disease/ heart murmur		
Cancer/ tumors		
Thyroid problem		
Diabetes		
Sinus problems		
Frequent/ severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/ emotional disorder		
Anorexia/ bulimia		

	Y	N
Stomach/ intestinal disorders/ Ulcers		
Hernia		
Gall bladder problems		
Liver problems/ Hepatitis		
Kidney/ bladder problems		
Bone disease		
Joint problems/ arthritis		
Lyme disease		
Back/ neck problems		
Vision problem **not** corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted disease		
Chicken Pox		
Mononucleosis		
Other		
Other		

Please explain all "yes" answers (use another sheet if needed):

_____

_____

_____

_____

Please list any allergies you may have (food, medicine, insects, environmental, other):

_____

_____

Indicate any medication you take on a regular basis (include birth control and vitamins):

_____

_____

EMERGENCY CONTACT:

Please provide the name and telephone number of the person(s) to be notified in case of an emergency:

_____

REQUIRED ACKNOWLEDGEMENT OF MENINGITIS INFORMATION (see Meningitis Fact Sheet):

It is **mandatory** that you check *one* of the following boxes and sign below, or you will not be permitted to continue your enrollment at SCCC as per NYS Public Health Law 2167:

[ ] I have / My child (for students under the age of 18) has received the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received _____ (Appropriate documentation should be submitted to the Health Services Office.)

[ ] I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **NOT** obtain the immunization against meningococcal meningitis disease.

To the best of my knowledge the above statements are true.

_____ _____ _____

Student Signature Date Parent/Guardian Signature (i.e., if student is under age 18)

Last Name_____ **First Name**:_____ **High School**:_____

Suffolk County Community College

Early College Program Student Approval Form

(Complete and Student's High School Principal and Guidance Counselor Sign)

Student Address: _____

Dear High School Principal and Guidance Counselor,

The student named above, has expressed an interest in enrolling in college courses through Suffolk's Early College Program. In accordance with College policy:

1. Students are eligible to apply and participate in Suffolk's Early College Program during the academic year following their sophomore or junior year. Current HS seniors are not eligible to apply or participate.

2. Students should have a minimum high school average of 85%.

3. The high school principal and the student's guidance counselor must provide the College with approval that the student has the requisite maturity to benefit from college-level instruction. Student attendance should be considered as the College has an Attendance Policy (Page 9 of the Student Handbook: http://www3.sunysuffolk.edu/forms/Handbook.pdf).

Kindly Print HS Principal's Name: _____

Kindly Print HS Guidance Counselor's Name: _____

Principal's Approval and date: (Please initial and date)	Guidance Counselor's Approval and date: (Please initial and date)	
		Student meets above eligibility requirements (#1 and #2).
		Approval that the above named student has the requisite maturity to benefit from college-level instruction.

Suffolk's attendance policy and academic calendar is imposed for all participating students.

Please feel free to contact me if there is any additional information I can provide.

Prof. Deborah S. Wolfson

College Assistant Dean for Academic Affairs
Liaison to Suffolk's Excelsior and Early College Programs
SUNY-Suffolk County Community College
Ammerman Campus, NFL 127
533 College Road
Selden, New York 11784
wolfsod@sunysuffolk.edu Phone: 631-451-4331 Fax: 631-451-4681

Last Name_____**First Name**:_____**High School**:_____

Suffolk County Community College

Early College Program Application Checklist

(For Student Reference - Read and Keep for Files)

Prior to communicated due date, students must coordinate with their high school to submit and have on file in the appropriate Campus Early College Program Office, a completed and signed ECP application. **Mailed, scan/e-mailed, or faxed, directly from the high school to Suffolk's appropriate Campus ECP Office are the only acceptable methods of submission.**

- ☐ Early College Program Non-Degree Student Admissions Application
- ☐ Early College Program Agreement with FERPA release statement signed
- ☐ Early College Program Health History/Meningitis Acknowledgement Form
- ☐ Early College Program Student Approval Form (signed by HS principal and guidance counselor)
- ☐ One-page typed statement, "Why I Wish to Enroll in the Early College Program" as an attachment.
- ☐ **High school academic transcripts and any available PSAT/SAT/ACT scores**

Suffolk's ECP counselors, dependent upon which campus your high school is partnering:

Raymond Martinez, Michael J. Grant Campus ECP Counselor
Caumsett Hall #113, Brentwood, NY 11717
martinr@sunysuffolk.edu
631-851-6282

Louis Balsamo, Ammerman Campus ECP Counselor
Ammerman Building # 200J, Selden, New York 11784
balsaml@sunysuffolk.edu
631-451-4528

Charles Connolly, Eastern Campus Director of Enrollment Services, ECP Counselor
Peconic Building #216D, Riverhead, NY 11901
connolc@sunysuffolk.edu
631-548-2528

Student Early College Program Procedures and Responsibilities:

Once completed applications are received, they are reviewed and qualifying student applicants are invited to take Suffolk's computerized placement test (CPT) on Suffolk's designated campus. All student testing must be completed prior to communicated due date. The student must have demonstrated readiness to take a college level course by meeting Suffolk's criteria on its college placement exam (CPT) or requisite waivers.

Students are notified of their acceptance into Suffolk's Early College Program by one of Suffolk's Early College Program counselors.

Students and their parents/guardians are invited to attend a mandatory on-campus New Student Orientation.

Through Suffolk's Early College Program, students are limited to one Summer Session II course during their first year in the program, and under recommendation of Suffolk's Early College Program counselor, two Summer Session II courses during their second year.

Upon registration into Suffolk's ECP courses, students will receive a bill mailed to the home address on the student application. Students are responsible for paying their tuition bill **on time** to maintain registration in their classes. Tuition for students enrolled in Suffolk's Early College Program is a reduced rate of approximately 1/3 of the in-county part-time tuition for that year plus course related fees. Students not enrolled or not accepted into Suffolk's Early College Program are welcome to take courses at Suffolk, however they would follow the general admissions process, and pay regular college tuition.

Please take note of the timeline, policies and due dates as course registration and tuition payments are binding and non-refundable after college drop/add/withdrawal and refund policy dates.

Key Enrollment Dates: www.sunysuffolk.edu/Students/Registrar.asp
Refund Policy: www.sunysuffolk.edu/Students/Refund.asp
Campus Directions and Maps: http://www.sunysuffolk.edu/About/Directions.asp